STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	R **04/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LAMPLIGHT AT SARASOTA	**743 S. BENEVA ROAD SARASOTA, FL 34232**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

These are the results of a follow-up to the Complaint Survey, CCR# 2014006639 and CCR #2014006707 completed on 4/13/15 at Lamplight at Sarasota, an Assisted Living Facility (ALF) located in Sarasota, Florida.

All deficiencies were cleared during this survey.

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11963950

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
4/13/2015

Name of Facility
LAMPLIGHT AT SARASOTA

Street Address, City, State, Zip Code
743 S. BENEVA ROAD
SARASOTA, FL 34232

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	**04/13/2015**	ID Prefix **A0055** Reg. # **58A-5.0185(6) FAC** LSC	**04/13/2015**	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency — **Reviewed By** [signature] — **Date:** 4-22-15

Signature of Surveyor: [signature] Linda Mozer, RN — **Date:** 4-22-15

Reviewed By CMS RO — **Reviewed By** — **Date:**

Signature of Surveyor: — **Date:**

Followup to Survey Completed on:
8/5/2014

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 22, 2015

Administrator
Lamplight At Sarasota
743 S. Beneva Road
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 13, 2015 by representatives of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
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Fort Myers, FL 33901
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